



# City Of Surprise Community and Recreation Services Adaptive Recreation Registration Packet Special Olympics Basketball

The City of Surprise offers athletes (8 years and older) who have a cognitive disability the opportunity to participate in our Adaptive Recreation Program.

**All athletes must have a completed waiver, registration form and Special Olympics AZ Medical Release form on file the City of Surprise prior to participating.**

The City of Surprise is looking for qualified coaches for Special Olympics Programs. If interested please contact Joe Gladieux for details (see below)

<b>Practices Begin:</b>	December 27 @ 6:30 p.m. – 7:30 p.m.
<b>Location:</b>	TBA
<b>Cost:</b>	Residents <b>\$10</b> Non residents <b>\$20</b>
<b>Ages:</b>	8 to 15 years (maximum 10 athletes) 16 plus years (maximum 10 athletes)
<b>Registration Ends:</b>	December 20



**Please mail or hand deliver completed registration forms to:**

City of Surprise Community & Recreation Services, Attn: Joe Gladieux  
15960 N. Bullard Avenue, Surprise, AZ 85374

[www.surpriseaz.gov/adaptive](http://www.surpriseaz.gov/adaptive)

For questions contact: Joe Gladieux 623.222.2257/ [joe.gladieux@surpriseaz.gov](mailto:joe.gladieux@surpriseaz.gov)



## **City of Surprise Adaptive Recreation Program:** **Athlete Information**

Full Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Cell/Work (     ) \_\_\_\_\_

Email \_\_\_\_\_

School \_\_\_\_\_

Primary disability \_\_\_\_\_ Secondary Disability \_\_\_\_\_

Medications \_\_\_\_\_ Wheel Chair user? **YES NO**

Gender: (circle)            MALE            FEMALE

T-Shirt Size:        **YOUTH**    M   L            **ADULT**    S   M   L   XL   XXL

Currently active in sports? **YES NO**

Does participant have a history of seizures? (Circle)    **YES NO**

Special Needs/Other \_\_\_\_\_

### **Parent/ Emergency Contact Information**

Full Name \_\_\_\_\_ Relationship w/ Athlete \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Work/Cell \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_ Yes, I want to be considered as a Head coach  
Name \_\_\_\_\_

Basketball/Special Olympic experience \_\_\_\_\_  
\_\_\_\_\_

**Coaches: You must clear a background check before you are assigned a team. (Fill out Volunteer application and get fingerprinted with Community and Recreation Services Department.)**



## ***Guardian Program Responsibilities***

The City of Surprise takes pride in establishing quality programs for our participants in a safe, learning environment. As the parent or guardian of the participant, we ask that you make sure the following commitments are kept. Together, we can work to give the participants the wonderful opportunity and benefits of recreation and sports.

### **Registration**

Complete and return all registration and waiver forms necessary to the City of Surprise Community and Recreation Services Department by registration date. All athletes must have a completed waiver form on file with the City of Surprise Community and recreation Services Department before the start of the first practice.

### **Physicals**

All Participants are required to have a current physical on file with the City of Surprise's Adaptive Recreation Program prior to the first day of practice. Physicals are valid for three full years. Please keep a copy for your own records.

Special Olympics Arizona requires a physical on their medical release form which can be obtained on the [specialolympicsaz.com](http://specialolympicsaz.com)

### **Transportation**

**Parent or guardian is responsible for transporting athletes to and from events. If an athlete is under the age of 18 a parent or guardian must remain on the premises at all times.**

### **Behavior**

If a participant begins to have behavioral issues to the point at which teammates and the overall program is affected, the City of Surprise will reserve the right to suspend or remove the athlete from the program. It is important that you inform both the City of Surprise and the coach of any specific behaviors the participant might have. Please also share strategies or techniques at which the coach can use to better accommodate the participant. The programs we offer do not provide a one-on-one instruction ratio. If the participant needs special attention and more guidance, it is the parent/guardian's responsibility to provide that assistance. (Buddies provided)

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**Name of Athlete**

**Date**

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**Parent/Guardian Name**

**Signature of Guardian**

**Please contact the City of Surprise with any questions:**

Joe Gladieux  
Recreation Supervisor  
623.222.2257  
[joe.gladieux@surpriseaz.gov](mailto:joe.gladieux@surpriseaz.gov)

City of Surprise  
15960 N. Bullard Ave.  
Surprise, AZ 85374